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CONFIRMATION NO. 8248

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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/441,630 01/21/2003 *✓ 9/13/05*

** FOREIGN APPLICATIONS *****
none 9/13/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>	STATE OR COUNTRY OR	SHEETS DRAWING 16	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
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ADDRESS
 42419
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TITLE
 Noninvasive method of measuring blood density and hematocrit

FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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